

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90052 012 ***150.00

DOCUMENT # P00000050866

1. Entity Name
C. KAYE BROWER, P.A.



Principal Place of Business
**5208 SW 91ST DRIVE
GAINESVILLE FL 32608**

Mailing Address
**5208 SW 91ST DRIVE
GAINESVILLE FL 32608**

4000000000



2. Principal Place of Business
4809 SW 91st Terrace
Suite, Apt. #, etc.

3. Mailing Address
4809 SW 91st Terrace
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Gainesville, FL
Zip
32608
Country
USA

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Gainesville, FL
Zip
32608
Country
USA

4. FEI Number **59-3645790**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BROWER, CANDICE K
5208 SW 91ST DRIVE
GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4809 SW 91st Terrace
City **Gainesville** **FL** Zip Code **32608**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **C. L. B.**
Signature, typed or printed name of registered agent and title if applicable.

1/3/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWER, CANDICE K 5208 SW 91ST DRIVE GAINESVILLE FL 32608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brower, Candice K 4809 SW 91st Terrace Gainesville, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03 **352-334-0132**
Date Daytime Phone #

CR2E034 (10/02)